U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Colv

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS C	AREFULLY BEFORE PREPARING THIS REPORT.
E 41326	
1. File Number U - 3673	2. Fiscal Year Covered From:
	7 / 2 / 2004) Through: 12 / 37 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name NAThan L WILKINS	Name LABORERS LOCAL 1076
Shall and the state of the stat	Labor Organization File Number 019-989
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 760 Jostyn	Street 760 JosLyw
city PONTIAC	City PONTIAC
State Michigan ZIP Code +4 8340	O State Michigan ZIP Code + 4 8 340
Position in labor organization.  Business Re	PRESENITIVE - PRESIDENT
A. Held an interest in, engaged in transactions (including loans) nonetary value from an employer whose employees your orgon.  Name and address of Employer (including trade name) if any).	7.a. Nature of interest, Transaction, or shound.
State and the Property and a second consequence of the Committee of the Co	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
The second secon	7.b. Amount.
Street	
City	
State ZIP Code + 4	
State ZIP Code + 4	
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15. Signature and verification. The undersigned declares, under pe	Signature
undersigned's knowledge and belief, true, correct, and complete. (Se	enalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (Se	enalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the

Name of Person Filling NATHAN WILKINS	File Number U- 30	<u></u>				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name	a. Labor Organization					
Trade Name, if any:	b. Trust					
P.O. Box, Bidg., Room No., if any	c. Employer					
Street	tunned -					
City						
State ZIP Code + 4		· · · · · · · · · · · · · · · · · · ·				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	THE PROTECTION OF THE PROTECTI				
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.	Seminational and Control of the Cont				
City	12.a. Nature of Interest held or income received.					
State ZIP Code + 4						
	12.b. Amount.					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name Poured CONCRETE WALL & SSOCIATION	OUTING JUN6-04					
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street 600 S. ADAMS 5476 300						
City BIRMINGHAM						
State Michigan ZIP Code + 4 8009		noblikimonikanna agawanjar akung minya				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$10000				

Name of Person Filing NATHAN WILKINS	File Number U- 3073					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization b. Trust c. Employer	on.				
10. if 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing		Manufacture and Total Association in			
Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	or Income received.				
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	7.11.01				
Name Legyhio LAW FIRM	outing	July - 04				
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any Street 306 S. Washington Suite 600						
City BOYAL OAK						
State Michigan ZIP Code + 4 8067		and the second of the second o	<u> </u>			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	100	7 <u>00</u>			

Name of Person Filing NATHAN WILKINS	File N	lumber U- 30//
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actiful (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to. or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
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P.O. Box, Bldg., Room No., if any	c. Employer	
Street	Land Comment	
City		
State ZIP Code + 4	,,,,,	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Market allerge and Profession removed and many deposits that consists a which are every construction of the con-
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City	12.a. Nature of interest held or in	come received.
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name T.I.C. INTERNATIONAL	outing	July -04
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 6525 CENTURION DR		
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Name of Person Filing NAThan Wilkins		File Number U-3	79
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the busines: vely seeking to represent, or irectiv to. or otherwise	s	
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P.O. Box, Bldg., Room No., if any	c. Employer		
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Trade Name, if any:			÷
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City	<ul><li>11.b. Approximate dollar vali</li><li>12.a. Nature of interest hel</li></ul>		
State ZIP Code + 4	12.u. Haute of morest ner	o or mooning received.	de constituire de la
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	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		unana amanga na disabili in an isa na
Name BLUE CROSS/BLUE Shield of Mich	outing	Aug-	04
Trade Name, if any:	In reconstruction of the contract of the contr		
P.O. Box, Bldg., Room No., if any	li constanti della constanti di		
Street 600 E- LAFAYETTE		and the second	
City DETROIT			
State Michigan ZIP Code + 4 45 12			MANAGEMENT OF THE STATE OF THE
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		\$10000